

8-24-87

TSD FACILITY INSPECTION REPORT

Company Name: MOTOROLA INC., GOVERNMENT ELECTRONICS DIVISION

E.P.A. I.D. Number: AZ T000618512

Street Address: 7402 S. PRICE ROAD

City/State/Zip: TEMPE, AZ. 85283

Phone Number: 602-949-2594 (SCOTTSDALE)

Mailing Address (if different from above): P.O. BOX 1417

SCOTTSDALE, AZ. 85252

Facility Representative(s) & Titles:

1. THOMAS KISTLER / DIVISION ENVIRONMENTAL ENGINEER
2. RAY DUNCAN / FAC. ENG., JOAN MILLER / CHEM. TECH.
3. CATHY SAMANIEGO / CHEM. ENG.

A.D.H.S. Investigator(s):

1. NORM GUMENIK
2. \_\_\_\_\_

Other Participants/Agencies:

1. NA
2. \_\_\_\_\_

INSPECTION REPORT ATTACHMENT

- DATE OF INSPECTION: 8-24-82
- PERSONS INTERVIEWED: AS ABOVE
- TYPE OF BUSINESS: ELECTRONIC COMPONENT RESEARCH / ASSEMBLY / MANUFACTURE
- PROCESS DESCRIPTION: ETCHING, METAL FINISHING, CLEANING + DEGREASING, PHOTORESIST, ALL RELATED TO BUBBLE MEMORY MANUFACTURE AND ELECTRONIC ASSEMBLY.
- TYPE AND DISPOSITION OF HAZARDOUS WASTE:
  - ① III TRICHLOROETHANE → DRUM STORAGE AREA → RECLAMATION FACILITY
  - ② MIXED SOLVENTS (NON-HALOGENATED) → DRUM STORAGE AREA → RECLAMATION FACILITY + REUSE  
+ WASTE SOLVENT TANK
  - ③ FERRIC CHLORIDE (HAS BEEN DISCONTINUED) → TREATED → POTW
  - ④ LEAD OXIDE → DRUM STORAGE AREA → DISPOSAL (CHEM. WASTE MANG., INC.)
  - ⑤ FREON → DRUM STORAGE AREA → RECLAMATION FACILITY
  - ⑥ CRANKCASE OIL → DRUM STORAGE AREA → RECLAMATION FACILITY  
\* (WILL TEST TO SEE IF HIGH-LEAD)  
(NO DRUMS SHIPPED OFF-SITE)
  - ⑦ PROCESS WASTEWATERS → TREATED (PH ADJUST) → POTW

3.

Is the facility equipped with the following equipment (265.32) (1821.E):

Telephone or radio communication for summoning external emergency assistance:

☒ Yes

No

N/A

Internal communication system capable of providing immediate emergency instruction to all employees:

☒ Yes

No

N/A

ALARM + P.A. SYSTEM

Spill control equipment:

Yes

No

N/A

ABSORBANT MATERIAL (HAZ-ORB), OVERPACK DRUM ETC.

LIST OF MATERIALS IN CONTINGENCY PLAN.

Decontamination equipment:

☒ Yes

No

N/A

Fire control equipment/portable fire extinguishers:

☒ Yes

No

N/A

Water at volume to supply hoses sprinklers, or water spray system:

☒ Yes

No

N/A

Is the above equipment tested and maintained  
for proper operation (265.33) (1821.E):

☒ Yes

No

N/A

INTERNAL SAFETY DEPARTMENT AND CITY OF TEMPE.

Do employees handling hazardous waste have  
direct access to internal alarm or communica-  
tion system (265.34) (1821.F.1)

☒ Yes

No

N/A

If only one employee on premises, does this employee  
have access to external communication:

☒ Yes

No

N/A

Is there adequate aisle space for the movement of all  
equipment (265.35):

☒ Yes

No

N/A

Have arrangements been made with (265.37) (1821E.4):

Police Department TEMPE

☒ Yes

No

Fire Department TEMPE

☒ Yes

No

Emergency Response Team

Yes

☒ No

Local Hospitals MESA LUTHERAN + DESERT SAMARITAN

☒ Yes

No

Other Authorities

Yes

No

IN ADDITION THERE IS AN INTERNAL EMERGENCY RESPONSE TEAM

5.

Have local authorities refused to make arrangements:

Yes

☒ No

If "yes", is the refusal documented in operating record: (265.37):

Yes

No

Does the facility contain a contingency plan, SPCC, or other emergency plan amended to include hazardous materials waste provisions at the facility (265.51) (1821.E.3):

☒ Yes

No

Date of plan: \_\_\_\_\_

Does the plan describe actions to respond to (265.52.a) (1821.E.4.b):

Fires: \_\_\_\_\_

☒ Yes

No

Explosions: \_\_\_\_\_

☒ Yes

No

Release of hazardous Waste: \_\_\_\_\_

☒ Yes

No

Does the plan:

Describe all arrangements made with the local authorities (265.52.C) (1821.E.4.a):

Yes

No

6.

Include a list of names, addresses, and  
phone numbers of emergency coordinators  
(265.52.d): \_\_\_\_\_

☒ Yes

No

Include a list of all required emergency  
equipment (including description and  
capabilities) at the facility (265.52.e): \_\_\_\_\_

☒ Yes

No

(WHERE APPLICABLE)

LIST DOES NOT INCLUDE THE LOCATION OR CAPABILITIES OF THE

EMERGENCY EQUIPMENT.

Include as an evacuation plan for person-  
nel (265.52.f): \_\_\_\_\_

Yes

☒ NA

WASTE TREATMENT SYSTEM AND DRUM STORAGE AREAS ARE

OUTSIDE OF BUILDINGS.

Has the plan been submitted to each of  
the local authorities including A.D.H.S.  
(265.53) (1821.E.4): \_\_\_\_\_

☒ Yes

No

Does the facility maintain upon the premises  
or on call at all times, one employee trained  
as an emergency coordinator who in the event  
of an emergency is responsible for implementing  
the contingency plan and has the authority to  
commit resources needed to carry out the plan  
(265.55) (1821.E.5): \_\_\_\_\_

Yes

No

JOHN HEIL (MAIN COORDINATOR) - SAFETY DIRECTOR

Are emergency personnel properly trained and equipped to perform any emergency operation contained within the contingency plan (265.16) (1821.E.6.a): \_\_\_\_\_

Yes

No

Has there ever been a fire, explosion, release of hazardous waste or other situation which required implementation of the contingency plan: \_\_\_\_\_

Yes

No

Was the E.P.A. or A.D.H.S. notified of the incident (265.56) (1822.A): \_\_\_\_\_

Yes

No

NA

Does the facility maintain:

Detailed chemical and physical analyses of representative samples of wastes ~~received~~ TREATED, STORED, OR DISPOSED OF by the facility: \_\_\_\_\_

Yes

No

ANALYSES FOR ALL ITEMS EXCEPT CRANKCASE OIL. WASTE DETERMINATION (ANALYSIS)

WILL BE MADE FOR THIS ITEM. OIL IS CURRENTLY BEING RECLAIMED.

Are the analyses or documented data supplied by the generator: \_\_\_\_\_

Yes

No

8.

Does the facility maintain a written Waste Analysis Plan (265.13b):

☒ Yes

No

Does the plan include:

Parameters of analysis of each waste

handled: CHECK FOR SPECIFIC MATERIALS (VARIOUS SOLVENT %S)  
IN ADDITION TO CHARACTERISTIC WASTE CRITERIA

☒ Yes

No

Rationale for the selection of each parameter:

☒ Yes

No

Test methods for each parameter:

☒ Yes

No

Sampling methods for each waste:

☒ Yes

No

Frequency which each analysis will be reviewed or repeated:

TEST PRIOR TO SHIPMENT OF WASTE (MORE THAN NECESSARY) FOR RECLAIM PURPOSES.  
WASTEWATER (DOC2) TESTED CONTINUOUSLY PRIOR TO DISCHARGE TO SEWER.

☒ Yes

No

Waste analyses that hazardous waste generators have agreed to supply (for off-site facilities only):

Yes

No

☒ N/A

Where applicable, methods used to meet additional waste management requirements as specified for tanks, surface impoundments, waste piles, land treatment, incinerators, and other treatment:

Yes

No

☒ N/A

Does the off-site facility inspect and if necessary analyze each waste received to determine if it matches the accompanying manifest (265.13.a.4):

Yes

No

☒ N/A

Does the off-site facility waste analysis plan specify procedures to be used to meet the above requirements (265.13c):

Yes

No

☒ N/A

Does this include:

Procedures to determine identity of each waste movement:

Yes

No

Sampling method if identification method includes sampling:

Yes

No

N/A



If the facility received off-site shipments of hazardous waste, complete the following manifest questions:

NA

Does the facility submit a signed copy of the manifest to the generator within 30 days after the delivery of the hazardous waste shipment (265.71a.4) (1818.E.2):

Yes

No

Has the facility retained a copy of each manifest for at least three years from the date of shipment acceptance (265.71.a.5) (1821.I.1):

Yes

No

Has the facility noted manifest discrepancies (265.71a.2) (1818.E.1):

Yes

No

If "Yes" then how has the facility reconciled the discrepancy (265.72b):

Has the facility received unmanifested wastes (265.76) (1818.E.1):

If "Yes", what action was taken by the facility:

Has the facility initiated hazardous waste shipments off-site:

☒ Yes

☐ No

If "Yes" complete Generator Supplement to TSD Facility Inspection Report.

Describe the active portions of the facility: TWO DRUM STORAGE AREAS (ONE MAINLY USED FOR NONHAZARDOUS WASTE AND EMPTY DRUMS), ONE UNDERGROUND WASTE SOLVENT STORAGE TANK AND WASTEWATER TREATMENT SYSTEM (ONE UNDERGROUND HOLDING- AREA AND THREE NEUTRALIZATION TANKS).

Is there a 24 hour surveillance system to monitor and control entry to the active portion of the facility (265.14) (1821.A.1.g):

☒ Yes

☐ No

Or

Is there a barrier completely surrounding the active portions of the facility and a means to control entry to this area:

☒ Yes

☐ No

Is there a sign with the legend, Danger - Unauthorized Personnel Keep Out" posted at each entrance to the active portion of the facility or at other locations in sufficient number to be seen from any approach to the active portion:

☒ Yes

☐ No

TO UNKNOWING PERSON

NO SIGN IS POSTED BY THE WASTEWATER TREATMENT PLANT ALTHOUGH PLANT HAS ACCESS

11.

\_\_\_\_\_  
\_\_\_\_\_  
If "No" to the above questions, document reasons:

\_\_\_\_\_  
\_\_\_\_\_  
Is the facility inspected for malfunctions, deterioration, operator errors, and discharges which may lead to release of hazardous waste or a threat to human health (265.15a) (1812.E.6.b):

☒ Yes

No

\_\_\_\_\_  
\_\_\_\_\_  
Does the facility maintain a written schedule for inspecting all monitoring, safety and emergency equipment, security devices and operating and structural equipment: (265.15.b):

☒ Yes

No

REQUEST EXPANSION OF EXISTING SCHEDULE TO INCLUDE ALL

PORTIONS OF FACILITY

Does the inspection schedule (265.15b):

Identify types of problems to be checked for during the inspection: \_\_\_\_\_

Yes

No

Indicate the frequency of inspection for each area of the facility: \_\_\_\_\_

Yes

No

Include daily inspections for loading and unloading areas: \_\_\_\_\_

Yes

No

Has the facility made appropriate corrections required (265.15.C): \_\_\_\_\_

Yes

No

12.

Does the facility maintain an inspection  
log (265.15.d) (1821F.3):

☒ Yes

No

REQUEST EXPANSION OF EXISTING LOG

Does the inspection log include:

Date and time of inspection:

☒ Yes

No

Name of inspector:

☒ Yes

No

Observations recorded:

☒ Yes

No

Date and nature of repairs:

☒ Yes

No

Does the facility contain ignitable, reactive or  
incompatible wastes:

☒ Yes

No

If "Yes", what precautions are taken to prevent ignition  
of ignitable wastes, reaction of reactive wastes, or  
commingling of incompatible wastes (265.17):

ISOLATION OF IGNITION SOURCES.

Are "No Smoking" signs posted in appropriate areas?

☒ Yes

No

Check Applicable Items:

STOREF:	TREATER	DISPOSER
Pile _____	Filtration _____	Landfill _____
Surface Impoundment _____	Incineration _____	Land Treatment _____
Drums <input checked="" type="checkbox"/> (2) _____	Thermal Treatment _____	Surface Impoundment _____
Tank, Above Ground _____	Volume Reduction _____	Incineration _____
<del>Scrubber</del> Tank, Below Ground <input checked="" type="checkbox"/> (1) _____	Recycling/Recovery _____	Other _____
Other _____	Chem/Phys/Bio Treatment _____	
	Waste Oil _____	
	Reprocessing _____	
	Solvent Recovery _____	
	Other _____	

WWT TANKS (PH ADJUST)

Does the facility contain the required equipment and devices to adequately monitor and control the escape of leachates, fumes, and gases into the environment (1821.A.2): \_\_\_\_\_

PERMITS FUNCTION ~~yes~~

~~No~~

Does this include: \_\_\_\_\_

Monitoring Wells: \_\_\_\_\_ Yes No N/A

Vapor Balance System or Vapor Recovery System: \_\_\_\_\_ Yes No N/A

Has the facility submitted the required Quarterly Reports to the Department (1821H:)

☒ Yes

No

Does the facility retain a copy of each Quarterly Report for a period of at least three years from the due date of the report (1821.1.2):

☒ Yes

No

Does the Quarterly Report contain the chemical name or description and volume or weight of all hazardous wastes which were:

Received during the reporting quarter:

☒ Yes

No

N/A

Treated during the reporting quarter:

☒ Yes

No

N/A

PRIOR TO 12-81, THE PROCESS WASTEWATERS (NEUTRALIZED) WERE NOT REPORTED ON THE QUARTERLY REPORTS. NOTE IN COMPLIANCE LETTER.

Shipped during the reporting quarter:

☒ Yes

No

N/A

Disposed of during the reporting quarter:

☒ Yes

No

N/A

In storage at the end of the reporting quarter:

☒ Yes

No

N/A

Does the facility maintain an Operating Log  
or Record (265.73) (1821.f):

☒ Yes

No

Does the Operating Record contain:

Description and quantity of each hazardous waste received:

☒ Yes

No

Method and date of treatment, storage, or disposal of each  
hazardous waste received at the facility:

☒ Yes

No

Location of each hazardous waste  
and quantity at each location:

☒ Yes

No

Map or diagram for disposal locations:

☐ Yes

No ☒ N/A

Cross references to specific  
manifest document numbers (265.73b.2):

☒ Yes

No ☐ N/A

RECORDS ARE MAINTAINED ON ALL OF THE TESTS, INSPECTIONS, ETC. CONDUCTED  
BY THE FACILITY.

Records and results of waste analyses and required  
trial tests: \_\_\_\_\_

☒ Yes

No ☐ N/A

Summary reports and details of all incidents  
that require implementing the contingency plan: \_\_\_\_\_ Yes

No ☒ N/A

Details of all safety inspections, personnel  
training and evaluation and other activities  
required of an emergency coordinator (1821F.3): AS CONDUCTED

☒ Yes

No

Record of all operating conditions (time,  
incineration temperature, rate of treatment  
or disposal) (1821F.4): \_\_\_\_\_

☒ Yes

No

ALSO CONTINUOUS pH MONITORING OF WASTEWATER TREATMENT SYSTEM EFFLUENT  
PRIOR TO DISCHARGE TO POTW.

A record of compliance with all monitoring  
requirements and any other requirements of  
the regulations (1821.F.5): \_\_\_\_\_

☒ Yes

No

N/A



Facility Name MOTOROLA INC. GED  
(7402 S. PRICE RD.)  
8-24-82

INSPECTION REPORT ATTACHMENT

- PERSONNEL TRAINING DOCUMENTATION : ON FILE IN FACILITY
- CLOSURE / POST-CLOSURE PLAN : PLAN DOES NOT ADDRESS UNDERGROUND WASTE SOLVENT TANK OR WASTEWATER TREATMENT SYSTEM.
- COST ESTIMATE FOR CLOSURE / POST-CLOSURE : AS ABOVE
- FINANCIAL ASSURANCE : DOCUMENTATION ON FILE WITH BUREAU. CORPORATE ASSETS SUBMITTED TO COVER ALL MOTOROLA FACILITIES UNDER THE FINANCIAL ASSURANCE REQUIREMENTS (FOR CLOSURE AND LIABILITY COVERAGE).

GENERATOR SUPPLEMENT TO TSD  
FACILITY INSPECTION REPORT

MOTOROLA INC. GED  
7402 S. PRICE RD.  
8-24-82

Hazardous Waste Determination (262.11) (1819.A.1):

☒ Yes

No

N/A

How Determined: KNOWLEDGE OF PROCESS/AND ANALYSES. FACILITY WILL HAVE  
CRANKCASE OIL WASTE ANALYZED.

Has generator retained all records of determination (262.40) (1819.E.1.C):

☒ Yes

No

Does the facility qualify for the small generator exemption (261.5) (1816): Yes

☒ No

If "Yes" only check accumulation on-site (including quantities in TSD section of facility) and disposition of waste.

Does the facility qualify for exemption under the reclamation provisions (261.6) (1822):

Yes

☒ No

If "yes" only check Annual Generator Report Requirements

Has the facility retained signed copies of the manifest for at least three years from the date the waste was accepted by the initial transporter (262.40.a) (1819.E.1.a):

☒ Yes

No

Are the following items specified on the Manifest  
(262.21) (1818.B.):

	Yes	No
Manifest Document Number: _____	<input checked="" type="radio"/> Yes	No
Generator's Name: _____	<input checked="" type="radio"/> Yes	No
Mailing Address: _____	<input checked="" type="radio"/> Yes	No
Telephone Number: _____	<input checked="" type="radio"/> Yes	No
EPA ID Number: _____	<input checked="" type="radio"/> Yes	No
Transporter's Name: _____	<input checked="" type="radio"/> Yes	No
EPA ID Number: _____	<input checked="" type="radio"/> Yes	No
Designated TSD Facility Name: <u>MANIFEST # 822-B-001A</u>	Yes	<input checked="" type="radio"/> No
Address: _____	Yes	<input checked="" type="radio"/> No
EPA ID Number: _____	Yes	<input checked="" type="radio"/> No
Alternate Facility Designated: _____	Yes	<input checked="" type="radio"/> No
_____		
_____		
_____		
Waste Description on Manifest: _____	<input checked="" type="radio"/> Yes	No
Date of Shipment: _____	<input checked="" type="radio"/> Yes	No
D.O.T. Shipping Name: _____	<input checked="" type="radio"/> Yes	No

*This informant was not sure on several manifests who the transporter was also the receiving facility. In addition, several manifests were not signed and dated by the receiving facility.*

D.O.T. Hazardous Class: \_\_\_\_\_ ☒ Yes ☐ No

Total Quantity: MANIFEST # 812-H-002 ☒ Yes ☒ No

Number of Containers: \_\_\_\_\_ ☒ Yes ☐ No

Signed Certification Statement: \_\_\_\_\_ ☒ Yes ☐ No

Is the Manifest Signed by Generator (262.23) (1818.C) \_\_\_\_\_ ☒ Yes ☐ No

Is the Manifest Signed by 1st Transporter: MANIFEST # 822-B-001A ☒ Yes ☒ No  
# 822-B-001B

List Manifest Document Numbers and Details where discrepancies/ommission exist:

AS ABOVE.

Have TSD facility copies of all manifests been returned within 35 days (262.42.a) (1818.F.2): \_\_\_\_\_ ☒ Yes ☐ No

If "No" has the facility filed an Exception Report with EPA and ADHS (262.42b) (1819F.3) \_\_\_\_\_ Yes ☐ No ☒ N/A

Has the facility submitted to the Bureau, within 30 days following the end of each month, one copy of each manifest as required (1818.F.1) \_\_\_\_\_ ☒ Yes ☒ No

Has the facility retained a record of test results, waste analyses or other determinations/made in accordance with 262.11 or 1814 and 1815 at least three years from the date that the waste was last sent to on-site or off-site treatment storage or disposal (262.40.c) (1819.E.1.c) \_\_\_\_\_

☒ Yes

No

Does the facility retain a copy of each Annual Report and Exception Report for a period of at least three years from the due date of the report (262.40.b) (1819.E.1.b): \_\_\_\_\_

☒ Yes

No

Has the facility submitted the required Annual Reports to the Department (1819.D): \_\_\_\_\_

☒ Yes

No

DID NOT INCLUDE PROCESS WASTEWATERS FROM ON-SITE SYSTEM FOR 1981.  
WILL BE INCLUDED IN 1982 REPORT (AND QUARTERLY FACILITY REPORTS)

Does the Annual Report contain the chemical name or description and volume or weight of all hazardous wastes which were:

Delivered to any hazardous waste facility specified by R9-8-1818.D.3 \_\_\_\_\_

☒ Yes

No

N/A

Disposed of by legal discharge into non-municipal sewage system: \_\_\_\_\_

Yes

No

☒ N/A

Reused, reclaimed or treated: \_\_\_\_\_

(DIRECTED TO TSD FACILITY)

☒ Yes

No

N/A

Delivered to any hazardous waste facility located outside the State: \_\_\_\_\_

Yes

No

☒ N/A

Are the names and addresses of receiving facilities included in the Annual Report: \_\_\_\_\_

☒ Yes

No

N/A

MOTOROLA INC. GED  
7402 S. PRICE RD.  
8-24-82

(2) DRUM STORAGE AREAS

CONTAINERS

ONE STORAGE AREA HANDLES ONLY  
LEAD OXIDE (POWDER-FILTER) IN  
ADDITION TO EMPTY DRUMS AND NONHAZARDOUS WASTE

Are containers in good condition (265.171)  
(1817B.5): \_\_\_\_\_

Yes

No

Are containers compatible with waste in  
them (265.172) (1817B.4): \_\_\_\_\_

Yes

No

Are containers stored closed (265.173a) (1817B.3): \_\_\_\_\_

Yes

No

Are containers managed to prevent leaks  
(265.173.b) (1817B.5): \_\_\_\_\_

Yes

No

Are containers inspected weekly for leaks  
and defects (265.174) (1821.E.6.b): \_\_\_\_\_

DAILY

Yes

No

Are ignitable and reactive wastes stored  
at least 15 meters (50 feet) from the  
facility property line (265.176): \_\_\_\_\_

Yes

No

N/A

Are incompatible wastes stored in separate con-  
tainers (265.176) (If not, the provisions of  
40 CFR 265.17 (b) apply.) (1817B.4): \_\_\_\_\_

Yes

No

N/A

Are containers of incompatible wastes separated or  
protected from each other by physical barriers or  
sufficient distance (265.177) (1817B.4) (1821.B.3): \_\_\_\_\_

Yes

No

N/A

Are storage operations conducted in such a manner  
as to prevent any discharge of a hazardous waste into  
the environment (1821.B): \_\_\_\_\_

Yes

No

(4) WASTEWATER TREATMENT TANKS:

(1) 1500 GALLON UNDERGROUND HOLDING TANK TANKS

(3) FIBERGLASS ABOVE GROUND NEUTRALIZATION TANKS

Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank (265.192.b):

Yes

No

DOOZ WASTE ONLY.

Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures (265.192.C):

Yes

No

FIRST TANK IN SERIES HAS A 1.5' GRAVITY FEED LINE TO ADJACENT TANK IN SERIES. SECOND TANK HAS 2.0' GRAVITY FEED LINE WITH THIRD TANK DISCHARGING TO SEWER.

Do continuous feed systems have a waste-feed cutoff (265.192.d):

Yes

No

OPERATOR CONTROLLED. PUMPS FROM HOLDING TANK TO NEUTRALIZATION TANKS

TURNED ON ONLY IF CAPACITY IN FIRST TANK. 1500 GALLON CAPACITY OF HOLDING TANK ALLOWS OPERATOR TIME TO SHUT-DOWN SYSTEM IF PROBLEM. WORST SITUATION =

Are waste analyses done before the tanks are used to store a substantially different waste than before (not a generator requirement) (265.193):

Yes

No

NA

Are required daily and weekly inspection conducted (265.194) (1821.E.6.b):

Yes

No

Are reactive and ignitable wastes in tanks rendered non-reactive or non-ignitable or protected from any material or conditions which may cause the waste to ignite or react (If waste is rendered non-reactive or non-ignitable, see treatment requirements (265.198):

Yes

No

NA

Are incompatible wastes stored in separate tanks? (If not, the provisions of 40

CFR 265.17 (b) apply.) (265.199):

Yes

No

NA



MOTOROLA INC, GED  
7402 S. PRICE RD.  
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(i) UNDERGROUND WASTE TANK / CAPACITY = 500 GA IS

(ANTICIPATE REPLACEMENT OF TANK OR  
ENCASEMENT IN VAULT. DATE UNAVAILABLE) TANKS

Are tanks used to store only those wastes which  
will not cause corrosion, leakage or premature  
failure of the tank (265.192.b):

Yes

No

CONCRETE TANK WITH EXTERNAL BITUMINOUS COATING.

Do uncovered tanks have at least 60 cm (2 feet)  
of freeboard, or dikes or other containment  
structures (265.192.C):

Yes

No

NA

Do continuous feed systems have a waste-feed  
cutoff (265.192.d):

Yes

No

SMALL QUANTITY FEED. DAILY DIP-STICK LEVEL TEST

↳ FROM INDIVIDUAL SINKS, ETC. BUBBLE-MEMORY PRODUCTION DOWN AT THIS TIME.

Are waste analyses done before the tanks are  
used to store a substantially different waste  
than before (not a generator requirement) (265.193):

Yes

No

NA

Are required daily and weekly inspection conducted  
(265.194) (1821.E.6.b):

WILL INCORPORATE DAILY TEST INTO INSPECTION SCHEDULE

Yes

No

VISUAL INSPECTION NOT FEASIBLE. DAILY VOLUME CHECK COMBINED WITH  
ANNUAL PRESSURE TEST. NO BALANCE TEST.

WILL BE REVIEWED FURTHER DURING PERMITS  
PROCESS IF TANK REMAINS IN OPERATION - AS PER  
TECHNICAL SUPPORT SECTION.

Are reactive and ignitable wastes in tanks  
rendered non-reactive or non-ignitable or  
protected from any material or conditions  
which may cause the waste to ignite or  
react (If waste is rendered non-reactive  
or non-ignitable, see treatment require-  
ments (265.198):

Yes

No

Are incompatible wastes stored in separate  
tanks? (If not, the provisions of 40  
CFR 265.17 (b) apply.) (265.199):

Yes

No

NA